



This is an official  
**DHEC Health Advisory**

Distributed via Health Alert Network  
August 29, 2013, 4:30 PM  
10301-DAD-08-29-2013-PERT

## **Increase in Pertussis Cases in Upstate Region (Anderson County)**

### **Summary**

The Upstate Public Health Region has experienced an increase in the number of cases of Pertussis (whooping cough) during the past six months. Multiple cases have been identified in infants and toddlers, most too young to have completed a primary vaccine series. Additional confirmed cases in Anderson County have involved a summer day camp and five elementary schools.

Neither pertussis infection nor vaccination is absolute, and re-infection can occur. Older children and adults with mild illness can transmit the infection and are often the source of illness in infants. Therefore, early recognition and treatment of pertussis in young infants and prophylaxis of the household members is especially important.

### **Guidance for clinicians**

#### **Symptoms**

**Infants** may present with apnea and/or cyanosis.

**In adolescents and adults, pertussis is often misdiagnosed as asthma or bronchitis.** Patients reporting prolonged coughing spells, with shortness of breath, choking sensations, episodes of paroxysmal or spasmodic cough, whoop after cough, and posttussive syncope or emesis should be evaluated for pertussis.

#### **Testing**

**If you clinically suspect pertussis, consider collection and submission of specimens for laboratory confirmation.** The preferred laboratory test for confirmation of pertussis is isolation of *Bordetella pertussis* by culture and Polymerase Chain Reaction (PCR) testing. The organism is more likely to be found early in the coughing phase. After 3-4 weeks into the disease, or once antimicrobial treatment has begun, the organism may have cleared the nasopharyngeal area; hence, cultures may be negative.

Both PCR and culture are considered confirmatory in the presence of a clinically compatible illness. Testing can be done at a local hospital or reference laboratory. Outbreak-associated cases can be tested at no cost through the DHEC Bureau of Labs with prior local authorization.

#### **Treatment**

Azithromycin for 5 days is the AAP recommended treatment of choice for both suspect cases and asymptomatic contacts. If this drug is not tolerated, clarithromycin, erythromycin, or trimethoprim sulfamethoxazole may be substituted. CDC recommendations for antimicrobial treatment and PEP may be found on page 10 of the December 9, 2005 *MMWR Recommendation and Report: Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis* (<http://www.cdc.gov/mmwr/PDF/rr/rr5414.pdf>).

Symptomatic children and/or adults may return to school, childcare, or work after completing the first 5 days of medication. Exposed persons without cough illness do not require exclusion from school, childcare, or work.

### **Antibiotic prophylaxis for close contacts, especially those at high risk**

Even fully vaccinated persons may be able to contract/spread pertussis, so antimicrobial prophylaxis of contacts is critical to reducing transmission. **The CDC supports post-exposure prophylaxis (PEP) of all household contacts to cases, as well as for persons at risk for severe pertussis.** These include:

- Infants under 12 months of age
- Women in their third trimester of pregnancy
- All persons with pre-existing health conditions that may be exacerbated by a pertussis infection (for example, but not limited to immunocompromised persons and patients with moderate to severe medically treated asthma).

Post-exposure prophylaxis is also recommended for contacts who themselves have close contact with either infants under 12 months, pregnant women or individuals with pre-existing health conditions at risk of severe illness or complications.

PEP is provided regardless of age or vaccination status.

### **Immunization Recommendations**

Vaccination of susceptible persons is the most important preventive strategy against pertussis.

The CDC recommends that children between 7 and 10 years of age who have not completed their primary immunization schedule, or who have unknown vaccination history, receive a single dose of Tdap. If they require additional tetanus and diphtheria toxoid doses, Td should be used.

Patients 10 years of age and older may receive a single dose of Tdap regardless of interval since last tetanus or diphtheria toxoid-containing vaccine

In addition, the American Academy of Pediatrics recommends that when pertussis is prevalent in a community:

- DTaP immunization can be started as early as 6 weeks of age.
- Doses 2 and 3 in the primary DTaP series can be given at intervals as short as 4 weeks.

### **Reporting Cases in the Upstate Region**

Pertussis is reportable within 24 hours of identification of a case or suspect case. Call Upstate Region Epi Staff with your questions, or to report a known or suspected pertussis case.

- Greenville: 864-372-3133
- Anderson: 864-260-5801
- Greenwood: 864-227-5947
- Night/Weekends: 1-866-298-4442

### **DHEC contact information for reportable diseases and reporting requirements**

Reporting of pertussis is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2013 List of Reportable Conditions available at:

<http://www.scdhec.gov/health/disease/reportables.htm>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

## Regional Public Health Offices – 2013

**Mail or call reports to the Epidemiology Office in each Public Health Region.**

### **LOW COUNTRY PUBLIC HEALTH REGION**

**Berkeley, Charleston, Dorchester**  
4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405  
Phone: (843) 953-0043  
Fax: (843) 953-0051  
Nights / Weekends: (843) 441-1091

**Beaufort, Colleton, Hampton, Jasper**  
219 S. Lemacks Street  
Walterboro, SC 29488  
Phone: (843) 549-1516  
Fax: (843) 549-6845  
Nights / Weekends: (843) 441-1091

**Allendale, Bamberg, Calhoun, Orangeburg**  
PO Box 1126  
1550 Carolina Avenue  
Orangeburg, SC 29116  
Phone: (803) 268-5866  
Fax: (843) 549-6845  
Nights / Weekends: (843) 441-1091

### **MIDLANDS PUBLIC HEALTH REGION**

**Kershaw, Lexington, Newberry, Richland**  
2000 Hampton Street  
Columbia, SC 29204  
Phone: (803) 576-2749  
Fax: (803) 576-2993  
Nights / Weekends: (888) 554-9915

**Chester, Fairfield, Lancaster, York**  
PO Box 817  
1833 Pageland Highway  
Lancaster, SC 29720  
Phone: (803) 286-9948  
Fax: (803) 286-5418  
Nights / Weekends: (888) 554-9915

### **MIDLANDS PUBLIC HEALTH REGION (continued)**

**Aiken, Barnwell, Edgefield, Saluda**  
222 Beaufort Street, NE  
Aiken, SC 29801  
Phone: (803) 642-1618  
Fax: (803) 643-8386  
Nights / Weekends: (888) 554-9915

**PEE DEE PUBLIC HEALTH REGION**  
**Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion**  
145 E. Cheves Street  
Florence, SC 29506  
Phone: (843) 661-4830  
Fax: (843) 661-4859  
Nights / Weekends: (843) 915-8845

**Clarendon, Lee, Sumter**  
PO Box 1628  
105 North Magnolia Street  
Sumter, SC 29150  
Phone: (803) 773-5511  
Fax: (803) 775-9941  
Nights/Weekends: (843) 915-8845

**Georgetown, Horry, Williamsburg**  
1931 Industrial Park Road  
Conway, SC 29526-5482  
Phone: (843) 915-8804  
Fax: (843) 365-0085  
Nights/Weekends: (843) 915-8845

**UPSTATE PUBLIC HEALTH REGION**  
**Anderson, Oconee**  
220 McGee Road  
Anderson, SC 29625  
Phone: (864) 260-5801  
Fax: (864) 260-5623  
Nights / Weekends: (866) 298-4442

### **UPSTATE PUBLIC HEALTH REGION (continued)**

**Abbeville, Greenwood, Laurens, McCormick**  
1736 S. Main Street  
Greenwood, SC 29646  
Phone: (864) 227-5947  
Fax: (864) 942-3690  
Nights / Weekends: (866) 298-4442

**Cherokee, Greenville, Pickens**  
PO Box 2507  
200 University Ridge  
Greenville, SC 29602-2507  
Phone: (864) 372-3133  
Fax: (864) 282-4373  
Nights / Weekends: (866) 298-4442

**Spartanburg, Union**  
PO Box 2507  
200 University Ridge  
Greenville, SC 29602-2507  
Phone: (864) 372-3133  
Fax: (864) 282-4373  
Nights / Weekends: (866) 298-4442

**DHEC Bureau of Disease Control**  
**Division of Acute Disease Epidemiology**  
1751 Calhoun Street  
Box 101106  
Columbia, SC 29211  
Phone: (803) 898-0861  
Fax: (803) 898-0897  
Nights / Weekends: (888) 847-0902



[www.scdhec.gov](http://www.scdhec.gov)

Categories of Health Alert messages:

<b>Health Alert</b>	Conveys the highest level of importance; warrants immediate action or attention.
<b>Health Advisory</b>	Provides important information for a specific incident or situation; may not require immediate action.
<b>Health Update</b>	Provides updated information regarding an incident or situation; unlikely to require immediate action.